

# DAILY SANITATION REPORT

<b>Company Name:</b> _____	<b>Certification #</b> _____
<b>Address:</b> _____	

<b>Date:</b> _____	
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	TIME	TIME	
	Pre-op	In-op	Corrective Actions
1) Safety of Water-(Municipal Supply) <b>Prevention of Back Siphonage-Hoses</b>			
2) Condition and Cleanliness of equipment <b>Machines</b> <b>Scale</b> <b>Storage Pallets</b> <b>Other</b>			
3) Prevention of Cross-Contamination <b>Hands washed</b> <b>Premises clean</b> <b>Boxes/Bags Stored Properly</b> <b>Employee Practices</b>			
4) Maintenance of hand washing, toilet facilities <b>Soap,Paper towels,</b> <b>Waste Receptacle</b> <b>Toilet clean,   Functioning</b> <b>Toilet Paper on holder</b>			
5) Protection from adulterants- <b>Food not exposed to adulterants</b>			
6) <b>Labeling, Storage, use of toxic compounds</b>			
7) Employee Health <b>Employees do not show signs of illness</b>			
8) <b>Pest Excluded</b>			
<b>INITIAL</b>			

**S= Satisfactory      U=Unsatisfactory**